

Notice of Intent: UST Permanent Closure or Change-In-Service

JUL 09 1992

FOR  
TANKS  
IN  
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (BLUE) FOR REGIONAL OFFICE ADDRESS].

State Use Of **Winston-Salem**  
I. D. Number **Regional Office**  
Date Received

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

I. OWNERSHIP OF TANK(S)

Tank Owner Name: YOCO, INC

(Corporation, Individual, Public Agency, or Other Entry)

Street Address: P O 78

County: Surry

City: White Plains State: NC Zip Code: 27031

Tele. No. (Area Code): (919) 789-5561

II. LOCATION OF TANK(S)

Facility Name or Company NC Dept of Transportation

Facility ID # (if available)

Street Address or State Road: 414 Happy Hill Rd

County: Davidson City: Lexington Zip Code: 27292

Tele. No. (Area Code):

III. CONTACT PERSON

Name: Debbie Wolfe Job Title: Manager Telephone Number: (919) 789-5561

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: Mike Collins Collins Petroleum

Address: 308 Heatherford Dr State: Lewisville Zip Code: 27023

Contact: Mike Collins Phone: 945-4983

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE		CHANGE-IN-SERVICE
			Removal	Abandonment In Place	New Contents Stored
	<u>10,000</u>	<u>#2 Fuel Oil</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

Debbie Wolfe manager

\*Scheduled Removal Date: 7-19-92

Signature: Debbie Wolfe

Date Submitted: 6-19-92

\*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.